

January 11, 2022

Melinda Poyer, DO
President, Wyoming Board of Medicine
130 Hobbs Ave., Suite A
Cheyenne, WY 82002

Dear Dr. Poyer:

On behalf of the American College of Radiology (ACR), I am writing in strong opposition to the Wyoming Board of Medicine's consideration of eliminating the requirement for physician supervision of nurse anesthetists in hospitals with 25 or fewer beds. ACR is a professional organization representing more than 40,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists.

42 C.F.R. § 482.52 governs the Centers for Medicare and Medicaid Conditions of Participation for anesthesia services in hospitals. The rule requires physician supervision of nurse anesthetists but allows state governors to opt-out of this requirement under certain circumstances. Such circumstances include reaching the conclusion that: 1) the opt-out is consistent with state law and 2) it is in the best interests of the State's citizens. It is our opinion that neither requirement for opt-out is met in Wyoming and with that, we urge the medical board to oppose opt-out.

Opting out of the supervision requirement would be inconsistent with Wyoming law. Wyoming's hospital licensing regulations are specific that "When anesthetics are not administered by an anesthesiologist, they shall be administered by a registered nurse anesthetist under the supervision of the operating physician."¹

Regarding the best interests of the State citizen's requirements, we have serious concerns with the removal of the physician supervision patient safety standard in any setting where anesthesia is administered, let alone those hospitals with 25 or fewer beds. The administration of anesthesia is a complex medical procedure requiring physician oversight. Nurse anesthetists are important members of the anesthesia care team but are not physicians, are not trained in medical planning or differential diagnoses, and possess half the education and dramatically less clinical training than physicians.

ACR, from its experiences within its medical specialties, recognizes the complexities in highly specialized medical procedures and the need for appropriate physician supervision over non-physicians.

¹ WY Rules and Regulations 048.0061.12 § 10

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Opt-outs not only degrade patient safety standards in the operating room but it also fails to increase access to more surgeries. Four recent peer-reviewed journal articles examined the relationship between opt-out and anesthesia access – none were able to demonstrate an association between opt-out and an increase in access to anesthesia care.^{2,3,4,5}

Finally, there is little support by the general public for opt-outs. Surveys repeatedly show patients want physicians in charge. In a recent American Medical Association survey, 91 percent of respondents said that a physician's years of medical education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. Eighty-four percent said that they prefer a physician to have primary responsibility for the diagnosis and management of their health care.⁶

The proposed "Opt-out" is inconsistent with Wyoming's law and fails to meet the crucial standard of being in the best interests of patients of your state. In every room where there is a surgery, there is a surgeon or physician proceduralist when a nurse anesthetist administers anesthesia. Removal of this longstanding patient safety standard is unnecessary, degrades patient safety, will not increase access to surgeries, and is contrary to the general public's wishes. On behalf of ACR, we strongly encourage you to advise Governor Gordon against opting out of the requirement for physician supervision of nurse anesthetists regardless of the number of hospital beds in the facility.

Thank you for your consideration of this very important issue. Should you have any questions, please feel free to contact Eugenia Brandt, or Dillon Harp in ACR's Government Relations office at ebbrandt@acr.org, or dharp@acr.org.

Sincerely,



William T. Thorwarth Jr. MD FACR
Chief Executive Officer

² Sun EC, Miller TR, Halzack NM. In the United States, "Opt-Out" States Show No Increase in Access to Anesthesia Services for Medicare Beneficiaries Compared with Non-"Opt-Out" States. *A&A Case Reports*. 2016; 6(9):283-5.

³ Sun EC, Dexter F, Miller TR. The Effect of "Opt-Out" Regulation on Access to Surgical Care for Urgent Cases in the United States: Evidence from the National Inpatient Sample. *Anesthesia & Analgesia*. 2016; 122(6):1983-91.

⁴ Sun EC, Dexter F, Miller TR, Baker LC. "Opt Out" and Access to Anesthesia Care for Elective and Urgent Surgeries among U.S. Medicare Beneficiaries. *Anesthesiology*. 2017; 126(3):461-71.

⁵ Schneider JE, Ohsfeldt R, Li P, Miller TR, Scheibling C. Assessing the impact of state "opt-out" policy on access to and costs of surgeries and other procedures requiring anesthesia services. *Health Econ Rev*. 2017; 7(1):10.

⁶ Baseline & Associates conducted a telephone survey on behalf of the AMA Scope of Practice Partnership between March 8–12, 2012. Baseline & Associates surveyed 801 adults nationwide. The overall margin of error is +/- 3.5 percent at the 95 percent level. Baseline & Associates conducted an internet survey of 802 adults on behalf of the AMA Scope of Practice Partnership, July 12-19, 2018. The overall margin of error is +/- 3.5 percent at the 95 percent confidence level.